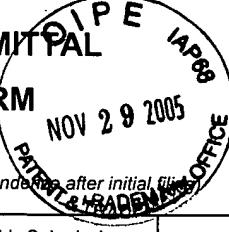


<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/695,785
		Filing Date	10/30/2003
		First Named Inventor	FUJI
		Art Unit	2811
		Examiner Name	MAGEE
Total Number of Pages in This Submission		Attorney Docket Number	

AFS Ifw

<b>ENCLOSURES (Check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm Name	Posz Law Group, PLC
Signature	
Printed name	Robert L. Scott, II
Date	29 November 2005
	Reg. No. 43,102

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
<p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.</p>			
Signature			
Typed or printed name		Date	



NOV 29 2005

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Application Number	10/695,785
Filing Date	10/30/2003
First Named Inventor	FUJI
Examiner Name	MAGEE
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	Art Unit 2811
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 100
	Attorney Docket No. 01-472

## METHOD OF PAYMENT (check all that apply)

Check  None  Other (please identify):

Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		<b>Fees Paid (\$)</b>
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
22	- 20 or HP = 2	x 50	= 100		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
	- 3 or HP =	x	=		

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) = Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x = Fees Paid (\$)

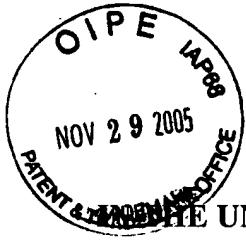
### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43,102	Telephone (703) 707-9110
Name (Print/Type)	Robert L Scott, II	Date	29 November 2005



Reply Under 37 CFR 1.116  
Expedited Procedure  
Art Unit 2811

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: FUJI

Atty. Dkt.: 01-472

Serial No.: 10/695,785

Art Unit: 2811

Filed: 10/30/2003

Examiner: MAGEE

Title: DYNAMIC QUANTITY SENSOR

Commissioner for Patents  
U.S. Patent and Trademark Office  
Customer Window, Mail Stop AF  
Randolph Building  
401 Dulany St.  
Alexandria, VA 22314

Date: 29 November 2005

**AMENDMENT UNDER 37 CFR 1.116**

Sir:

In response to the office action mailed 30 August 2005, please amend the application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims that begins on page 3 of this paper.

**Remarks** begin on page 9 of this paper.

11/30/2005 JADD01 00000078 10695785

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